

Woodhaven Community Church | Tilikum Medical and Release Form 2011

Please return this form immediately in order to complete the registration process.

Select One:

Day Camp (grades 1-6)
 Quest (grades 6-8)
 High Adventure (grades 8-12)
 Impact (grades 10-12)

Beginning and Ending dates of camp _____

Camper First Name _____ **Last Name** _____

Birthdate ____ / ____ / ____ **Age during camp** ____ **Grade Next Fall** _____ **Gender** Male Female

Custodial Parent(s) / Guardian(s) Full Names _____

Primary Home Address _____ **City** _____ **State** ____ **Zip** _____

Home Phone () _____ **Cell - Mom** () _____ **Cell - Dad** () _____

Mom's Email _____ **Dad's Email** _____

Home Church Name (if any) _____

Camper Buddy Request: Campers are only assigned to the same group if both campers request each other. One request per camper.

I would like to be grouped with: First Name _____ Last name _____

Transportation: I would like my child to return home from camp with the following people (name of person)

_____ or (Church name) _____ Parents must give written permission to Tilikum if they desire anyone other than themselves to transport campers home from camp. **You must have picture ID available at time of check out.**

Emergency Contact Information: In case we cannot be reached in an emergency, please notify the following individual:

Name _____ Relationship _____

Cell Phone () _____ Home Phone () _____

Needs Assessment: Tilikum desires to help meet each child's physical, social and spiritual needs. Please describe below how we might be of assistance in meeting your child's unique needs. Attach additional paperwork if needed.

Health History: Camper health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If insufficient space is provided, please attach additional paperwork if needed.

Allergies: List all known allergies. Describe reaction and management of the reaction.

Medication Allergies: _____

Food Allergies or Special Diet Needs: _____

Other Allergies: (include insect stings, hay fever, asthma, animal dander, etc.) _____

Please circle all that apply:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Recent injury, illness or infectious disease 2. Chronic or recurring illness 3. Ever been hospitalized 4. Ever had surgery 5. Frequent headaches 6. Head injury 7. Frequent ear infections 8. Ever passed out during or after exercise 9. Had seizures 10. Diabetes | <ol style="list-style-type: none"> 11. ADHD / ADD 12. Heart disease 13. If female, abnormal menstrual history 14. Eating disorder 15. Depression 16. Sleep problems 17. Psychiatric treatment 18. Bed wetting (recently) 19. Respiratory problems 20. Other |
|---|---|

Please explain any "yes" answers, noting the number of the question. _____

Are there any other medical conditions or restrictions we should be aware of? _____

- Please complete additional questions on reverse side -

Health Insurance:

Do you carry family health insurance? Yes No Carrier _____ Group ID# _____

Family Doctor or Health Care Facility: _____ Phone () _____

Family Dentist/Orthodontist: _____ Phone () _____

Immunizations: (Dates)

DPT	#1	#2	#3	#4	#5
Tetanus Booster	#1	#2			
Polio OPV / IPV	#1	#2	#3	#4	#5
Measles MMR	#1	#2			
TB Test (if foreign born or exposure to tuberculosis)			#1		
Hepatitis B	#1	#2	#3		
Chicken Pox	#1	#2			
Hepatitis A	#1	#2	Meningitis #1		#2

Medications: List ALL medications including over-the-counter or non-prescription drugs taken routinely. Bring enough to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. Please do not take your child off regular medicines while at camp. Attach additional paperwork if needed for more medications. Identify any medications taken during the school year that participant does/may not take during the summer.

Medication #1 _____ Dosage _____

Specific times to be taken each day _____ Reason for taking _____

Medication #2 _____ Dosage _____

Specific times to be taken each day _____ Reason for taking _____

Asthmatics: (please initial one if applicable)

I give my child permission to carry an inhaler to self administer for asthma related incidents. _____ (parent initial)

I prefer the camp health care personnel to keep my camper's inhaler and to help my camper determine when it is needed (recommended for day camp). _____ (parent initial)

Media/Photography: (please select one box below)

I do I do not give permission for Tilikum to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote and advertise Tilikum. Permission defaults to Tilikum if a choice is not indicated. (if you check 'do not', your child will be excluded from the group photo).

T-shirt Size: (please select one) Youth: S M L Adult: S M L XL

EMERGENCY AUTHORIZATION AND LIABILITY RELEASE: This health history is correct so far as I know, and the person described above has permission to engage in all camp activities except as noted. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury in camp activities and particularly, but not limited to: swimming, boating, archery and challenge course activities. I understand that Tilikum has taken extensive safety measures, including the certification of its staff in First Aid, CPR and Water Safety as well as making every effort to aid the safety of all camp participants. I also recognize that Tilikum cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child in the importance of knowing and abiding by the camp's rules and regulations and do release Tilikum and George Fox University from all liability for any injury to the camper. I understand that transportation to and from camp (and any liability thereof) is the responsibility of the camper, and not that of Tilikum.

I give permission to the camp medical staff to (1) administer the camper's routine medications, 'as needed' medications, and over-the-counter medications for minor illnesses or discomfort; (2) provide appropriate first aid for minor injuries; and (3) seek further treatment from local physician or hospital if condition warrants. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied by the camp to have a second set available for transportation records and for Tilikum's office.

Signature of Parent/Guardian _____ Date _____